

Unum
The Benefits Center
PO Box 100158
Columbia, SC 29202-3158
Phone: 1-888-621-0083
Fax: 1-800-447-2498
www.unum.com



June 18, 2018

Original Recipient

BARBARA.PHILLIPS@CCBCC.COM

CAMERON JOSEPH COOPER
704 BARCLAY DRIVE
KNOXVILLE, TN 37920

RE: Cooper, Cameron Joseph
Claim Number:
Policy Number:
Unum Life Insurance Company of America

Dear Mr. Cooper:

Thank you for providing the information needed for your Short Term Disability claim. Your benefits have been approved through June 27, 2018.

You have my personal commitment to provide you with responsive and courteous service. I will keep you well informed about the status of your claim.

What We Need From You

Please let us know if there are any changes or complications within this anticipated recovery time frame. We will need additional information to better understand how your condition impacts your ability to return to work. If you cannot return to work on June 28, 2018 for medical reasons, please have your attending physician(s) provide us with the following medical information:

- Medical records (including treatment records, procedure records, physical therapy records and test results) from all treating providers from June 07, 2018 forward.
- Restrictions and limitations (a list of things you should not and cannot do).

The information provided will assist us in the continued evaluation of your claim. A note from your physician stating you are unable to return to work is not considered sufficient medical documentation.

If we have not received the additional information by August 11, 2018, we will make a decision based on the information available to us at that time.

Return to Work Services Available

Your claim will be evaluated periodically for return to work capacity. We have services available to assist you in your recovery and return to work efforts. These services may include, but may

not be limited to, coordination of accommodations with your employer. Please contact us if you would like to discuss further. You may be contacted by a Vocational Rehabilitation Consultant to discuss your return to work plan.

How To Contact Us Or View Information About Your Claim

Mr. Cooper, we hope this letter has been clear and helpful to you. If you have any questions or would like to follow the status of your claim, you can do so conveniently through your secure online account at www.unum.com/claimant.

Through your account you have the option to:

- Go paperless and receive all correspondence electronically;
- View your benefit payment information and the current status of your claim including outstanding information;
- Sign up for direct deposit; and
- Upload documentation or provide new information to help us evaluate your claim and return to work efforts.

You may also manage your leave with the Unum Customer App. The Unum Customer App is available for Apple and Android.

After reviewing your online account, if you should have additional questions, please call me at 1-888-621-0083, extension 42022. If I am unavailable to answer your call directly, our experienced representatives are available to assist you from 8 a.m. to 8 p.m. Eastern Time, Monday through Friday. We will identify your claim by your Social Security number or claim number, so please have one of these available when you call.

Sincerely,

Leonna Scherrer

Leonna Scherrer
Disability Benefits Specialist

CC: barbara.phillips@ccbcc.com (without enclosures)
cathy.mcmanus@ccbcc.com (without enclosures)
angela.roddey@ccbcc.com (without enclosures)

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June 11, 2018

Original Recipient

BARBARA.PHILLIPS@CCBCC.COM

CAMERON JOSEPH COOPER
704 BARCLAY DRIVE
KNOXVILLE, TN 37920

RE: Cooper, Cameron Joseph
Claim Number:
Policy Number:
Unum Life Insurance Company of America

Dear Mr. Cooper:

Your Short Term Disability claim has been approved from May 18, 2018 through June 06, 2018 based on the information submitted regarding your medical condition, and your occupational duties. Please keep this letter for a quick summary of your claim.

Your Claim At-A-Glance

Important Dates

Last Day of Work: May 17, 2018

Date of Disability: May 18, 2018

Approved Period:

Benefits Begin: May 25, 2018

Approved Through: June 06, 2018

Contact Us

Call Center: 1-888-621-0083
8am - 8pm ET, Monday-Friday

Direct: Leonna Scherrer 1-888-621-0083,
extension, 42022

Mobile App and Online:

www.unum.com
Securely submit documentation and
access claim information

Payment Information:

You Will Receive Payment from Unum

We administer checks on behalf of your employer.

If you are interested in direct deposit, please complete and return the enclosed form.

When Do Benefits Begin?

Your Employer's plan states that no benefits are payable during the elimination period which consists of 7 calendar days, from the day after your last day at work. The elimination period is the difference between your disability date and benefit begin date.

Your benefit is taxable. We are currently withholding the maximum amount of 25%. To request a change, you must complete and return to us the W-4 form included in this letter.

When Do Benefits End?

Your benefits have been approved through June 06, 2018.

We have services available to assist you in your recovery and return to work efforts. Please contact us if you would like to discuss further.

What We Need From You

If you were unable to return to work on June 07, 2018 due to medical reasons, please contact us to discuss your claim. Also have your attending physician(s) provide us with the following information:

- Medical records (including any office visit notes, treatment, procedures, physical therapy, test results, therapy notes, and admission/discharge summaries) from all treating providers from June 06, 2018 forward.
- Restrictions and limitations (a list of things you should not and cannot do).
- A note from your physician stating you are unable to return to work is not considered sufficient.

If we have not received the additional information by July 26, 2018, we will make a decision based on the information available to us at that time.

Authorization Request

Please complete and return the enclosed Authorization form(s) by fax or through our website indicated below. Your physician may require a separate authorization. If so, please contact the physician's office.

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After reviewing your online account, if you have additional questions, please call us. Our experienced representatives are available to assist you. We will identify your claim by your Social Security number or claim number, so please have one of these available when you call.

Sincerely,

Leonna Scherrer

Leonna Scherrer
Disability Benefits Specialist

CC: barbara.phillips@ccbcc.com (without enclosures)
 cathy.mcmanus@ccbcc.com (without enclosures)
 angela.roddey@ccbcc.com (without enclosures)

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July 26, 2018

KAREN MULLINS
(865) 380-4095

RE: Cooper, Cameron Joseph
Claim Number: 14885638
Policy Number: 207884
Unum Life Insurance Company of America

Dear Dr. Mullins:

PATIENT NAME: Cameron Cooper
DOB: 1994

Please place this letter in Cameron Cooper's chart to be reviewed and completed during your patient's next office visit. Thank you for your assistance.

We are currently reviewing disability benefits for your patient, Cameron Cooper. We would appreciate your help in providing additional information.

- Please send copies of all office visit notes, test results and consultative reports from July 27, 2018 to the present.

Based on your patient's current medical condition, please provide the information requested below, answering the questions as completely as possible.

- Are you continuing to advise your patient to remain out of work beyond July 27, 2018?

No - can return to work 8/20/18

- What are the specific physical and/or cognitive findings on which you are basing your decision?

*Dunette's mtn motor +
vocal tics*



Claimant Name: Cooper, Cameron Joseph
Claim Number: 14885638

July 26, 2018
Page 2 of 3

- What are the patient's **current restrictions** (what the patient should not do) **and limitations** (what the patient cannot do)? Please be specific and note that a reply of "no work" or "totally incapacitated" is not sufficient.

Needs to be present with another driver

- What is the current course of treatment?

- Increase Pimozide to 4mg daily
- Restart Celexa

- What is the date of your patient's next office visit?

8 weeks

- On what date do you expect your patient will be able to return to work?

Full-time: Unknown

Part-time:

If you are advising your patient to return to work part-time, please provide a list of specific accommodations needed and the expected duration.

If there is a fee for providing these records, please attach a statement including to whom the check should be made payable, as well as the tax ID number. We will promptly reimburse any reasonable and customary fees upon request.

Please respond directly on this letter and sign and date in the space provided below.

Karen Hollens DO 8/15/18
Signature Date

Please respond by July 30, 2018 as further consideration of benefits depends on your reply. If possible, fax this information to 1-800-447-2498. Privacy is important to everyone. Please be sure you are faxing this information to 1-800-447-2498 to eliminate potential for any misdirected information.

Thank you for taking the time to complete this questionnaire. If you have any questions about this request, please contact me at 1-888-621-0083, extension 42022.

